

## "SCRPT" Senior Citizen Residential Property Tax Work-Off Program

The Town of Andover values the wealth of skills and knowledge possessed by it's senior residents. The "SCRPT" program provides seniors the opportunity to share their skills in service to the community and receive an abatement on their property taxes. The success of the program depends on the co-coordinated efforts of the various town departments requesting services, the program co-coordinator who matches the volunteers, the Assessor's office that verifies eligibility and oversees the abatement process and the Treasure's office where payments are submitted.

While the FY 05 program officially begins on July 1<sup>st</sup>, placements will not begin until eligibility has been determined. We appreciate your co-operation in this process, which may take a few weeks. Many who have participated in the program in previous years may be re-assigned to those positions, while others may be looking for a new assignment. Those who have not participated will be asked to schedule an interview to begin the placement process.

Attached are several pages that must be completed and returned to me at the Senior Center before 2:00 pm on June 30<sup>th</sup>. An informational forum will be held at the Senior Center on Friday, June 25<sup>th</sup> at 1:30. All participants should attend this meeting. If you have any questions, please call the center at 978-623-8321 and speak with Jeanne Doucette.

Thank you for your interest in the "SCRPT" program. I look forward to seeing you at the meeting on June  $25^{th}$ .

Kathy Urquhart Acting Director

Kathy Urguhart

**Elder Services** 



## TOWN OF ANDOVER SENIOR CITIZEN PROPERTY TAX WORK-OFF PROGRAM "SCRPT" APPLICATION

	Da	te:
Nama: Dr. Mr. Ma. Mra		
Name: Dr. Mr. Ms. Mrs (Circle One) Last	First	Middle Initial
Address		Wildere Initial
Street	Town Sta	te Zip Code
Telephone	E-mail	-
Eligibility Requirements: Pleas	se answer all of the following:	
Over age 60+	Yes	No
Owner of record	Yes	No
First qualifying owner	Yes	No
Primary residence	Yes	No
Copy of current tax bill attached		No
Prior participation	Yes	No
Education:		
Name/Address	Degree/Da	te Major/Course
High School		
College		
Other		
Volunteer Experience: Include p	revious placements through th	nis program, if applicable.
Name of organization Dat	te Address/Phone	Description of Duties
1		
2		
3		
4		
Other interests, skills and hobbies	<u>s</u> :	

Work Experience: Include Name/Address/Phone Number/Dates of Employment
1
Your Position/Duties
2
Your Position/Duties
3
Your Position/Duties
References: Include: Name/Address/Telephone Number/Affiliation (Please do not use a relative as a reference)  1
2
3
Availability:
Month(s)
Day of Week
Morning Afternoon Evening What type of community service do you prefer for this program?
Emergency Contact: Include Name/Phone Number/Relationship
I authorize the Andover Council on Aging/or the Town of Andover to investigate information from this application for the purpose of community service with "SCRPT", the Senior Citizen Property Tax Work-Off Program.
If accepted for community service with the Town of Andover, I agree to comply with the rules of the "SCRPT" Program. To the best of my knowledge, all information provided in this application is accurate.
Applicant's Signature
Date



## TOWN OF ANDOVER SENIOR CITIZEN PROPERTY TAX WORK-OFF PROGRAM

## Eligibility:

<u> </u>	Eligiolity.			
	□ Must be 60+			
	□ Owner of record			
	□ Property for which the	abatement will be used must be primary residence		
	_	For first qualifying owner n abatement if they meet the needs requirement		
	□ Must present a copy of	most recent property tax bill		
	□ No current town emplo	yee is eligible		
<u> </u>	Participation Agreement:			
1.		in the Senior Citizen Property Tax Work-Off Program, you fying the Division of Elder Services in writing, of any		
2.	Placement is determined by	y matching your skills with the available requests. There is		
	• •	a two week probation period.		
3.		The 100 hours of service must be completed between July 1, 2004 and June 30, 2005. Hours are not cumulative and cannot be saved or carried over to the next fiscal year program cycle		
4.	Policy on Absenteeism:			
	By participating in this proservice project within a pro- assignment due to repeated All absences need to be rep	gram you have committed to complete a community escribed time frame. If you are unable to complete the absences you may be removed from active participation. Forted to your supervisor. Any absence over 3 days should Work-off Program Coordinator.		
5.	All applicants must fill out	All applicants must fill out a CORI (Criminal Offender Record Information) as required by the Executive Office Of Elder Affairs.		
6.		e to time new rules may be added by the		
Program	as listed above. I agree to no	sipation in the Senior Citizen Property Tax Work-Off of tify the "SCRPT" Program Coordinator as well as my am unable to complete the assignment as agreed.		
S	Signature	Date		